



## BOARD OF COUNTY COMMISSIONERS ST LUCIE COUNTY, FLORIDA

### Paratransit Application

#### Instructions for completing the Eligibility Application process

Please fill out the application completely, sign all the pages requiring your signature and return it to us by mail or fax. You can also submit the form electronically by clicking the submit button. Your **Florida licensed** healthcare provider most familiar with your disabling condition(s) is to complete and sign the Medical Verification form(s). **Applicants 65 years of age or older do not need to submit a Medical Verification form.**

Riders who are 14 years of age and older may travel unaccompanied. Approved riders **13 years of age or younger** must travel with a Personal Care Attendant (PCA). A PCA is someone you hire or designate to help you and/or your child meet your daily living needs. St. Lucie County Area Regional Transit (ART) does not provide PCA's. If you use one please indicate so on your application.

If you need additional information please contact customer service: 772-462-1778 press option #3 (Voice), 772-462-1428 (TTY), or visit us on the web at: [www.slcart.org](http://www.slcart.org)

When completed please mail, or fax the entire application to:

SLC BOCC  
Transit Division  
437 North 7th Street  
Fort Pierce, FL 34950  
Fax: 772-462-2094

**Please submit a copy of your valid Florida Driver's license/ID or government issued ID card with this application.**

**PLEASE PRINT  
LEGIBLY**

**DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY**

Received Date: \_\_\_\_\_ Process Date: \_\_\_\_\_  
Closest Bus Stop (Feet): \_\_\_\_\_ ADA Category: 1 2 3 Equip/  
Disability: \_\_\_\_\_ PCA ☐ H2H ☐  
Reviewed By: \_\_\_\_\_  
Assessment Date: \_\_\_\_\_ Approval Date: \_\_\_\_\_  
ADA Conditions: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Client ID #:** \_\_\_\_\_

**New Applicant Yes:**

**Part 1 - General Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_ Bldg.: \_\_\_\_\_

Bldg./Subdivision Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: F M N/A

Date of Birth: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Number of individuals in your household: \_\_\_\_\_ Annual income: \_\_\_\_\_

Do you own a vehicle? Yes No Do you drive? Yes No

Could another person transport you to appointments?

Always Never Sometimes

If someone assisted you to complete this form, please identify below:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of emergency, who do we contact? (Required)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other Phone or E-mail: \_\_\_\_\_

Additional Contact: \_\_\_\_\_

## Part 2 – Information About Applicant’s Disability

1. Please check the box of all conditions that stop you from riding the ART fixed route service independently. Then submit the Medical Form A, **to your medical provider to complete and sign unless directed otherwise in parenthesis.**

<input type="checkbox"/> Arteriosclerosis	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Peripheral Vascular Disease
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Quadriplegia
<input type="checkbox"/> Cancer	<input type="checkbox"/> Intellectual Disability (D)	<input type="checkbox"/> Stroke/Cerebral Trauma
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Kidney Disease/Dialysis	<input type="checkbox"/> Surgery (Date) _____
<input type="checkbox"/> Chronic Obstructive/ Pulmonary Disease	<input type="checkbox"/> Lupus	<input type="checkbox"/> Thrombosis
<input type="checkbox"/> Cognitive (D)	<input type="checkbox"/> Mental Illness (D)	<input type="checkbox"/> Visual Impairment (B)
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Developmental Disability (D)	<input type="checkbox"/> Paraplegia	
<input type="checkbox"/> Epilepsy/Seizure Disorder (C)	<input type="checkbox"/> Parkinson’s Disease	

2. Do you use any of the following mobility aids or equipment? (*Required*)

<input type="checkbox"/> Oxygen	<input type="checkbox"/> Cane	<input type="checkbox"/> Powered scooter
<input type="checkbox"/> Leg braces	<input type="checkbox"/> Walker	<input type="checkbox"/> Powered wheelchair
<input type="checkbox"/> Long white cane	<input type="checkbox"/> Crutches	<input type="checkbox"/> Manual wheelchair
<input type="checkbox"/> Service animal - Describe: _____		
<input type="checkbox"/> Other: _____		

3. Do you require the assistance of a Personal Care Attendant\* (PCA)?

*\* Personal Care Attendant (PCA) is someone who is designated or employed by you specifically to help you, the eligible client, meet your personal needs, including traveling. A PCA may always travel with an eligible client. A PCA is not provided by ART.*

☐ Yes, I need assistance with: (*check all that apply*)

Mobility

Reading

Transfers

Other: \_\_\_\_\_

☐ No, I do not need assistance when traveling.

## Part 3 – Questions About Using ART Fixed Route Buses

4. Have you ever used ART fixed route buses?

☐ Yes, I typically use the fixed route buses \_\_\_\_\_ times a week.

☐ Yes, I did but stopped on \_\_\_\_\_ because \_\_\_\_\_

☐ No

5. What might help you ride ART fixed route buses? (*check all that apply*)

- ☐ A communication aid
- ☐ Route and schedule information
- ☐ If someone would teach me how to travel on the buses
- ☐ If the bus stops were closer to where I live and where I need to go
- ☐ Other, describe: \_\_\_\_\_
- ☐ None of these would help

6. Can you ask for and follow written / oral instructions to use ART buses?

- ☐ Yes      ☐ No      ☐ Sometimes

If you choose No or Sometimes, (*check all that apply*)

- ☐ I probably could with instruction
- ☐ I get confused and might get lost
- ☐ Other people cannot understand me
- ☐ Other: \_\_\_\_\_

7. Are you able to get to and from bus stops on your own?

- ☐ Yes      ☐ No      ☐ Sometimes

If you choose No or Sometimes, (*check all that apply*)

- ☐ I probably could if someone shows me how
- ☐ I get confused and cannot find my way
- ☐ I cannot travel outside when it is too hot
- ☐ I cannot if the street or sidewalk is too steep
- ☐ I cannot cross busy streets and intersections
- ☐ I cannot get to places if there are no curb-cuts
- ☐ I cannot see well at night
- ☐ Other: \_\_\_\_\_

8. How far can you travel on your own or using your mobility aid?

- ☐ I cannot get outside my residence
- ☐ I can get to the curb in front of my residence
- ☐ I can get up to \_\_\_\_ blocks

9. Can you wait outside up to 30 minutes for a fixed route bus?

Yes

Yes, but only if the stop has a bench and shelter

No, explain: \_\_\_\_\_

10. Are you able to use a bus ramp or lift?

☐ Yes      ☐ No      ☐ Sometimes      ☐ I do not know

If you choose No or Sometimes, *(check all that apply)*

- ☐ I am not familiar with bus ramps or lifts  
☐ I probably could if someone shows me how  
☐ I do not want to use the lift  
☐ Other: \_\_\_\_\_

11. If you are able to get on and off a fixed route bus, can you get to a seat or wheelchair position by yourself and ride the bus?

☐ Yes      ☐ No      ☐ Sometimes      ☐ I do not know

If you choose No or Sometimes, *(check all that apply)*

- ☐ I have a balance problem  
☐ I need a seat nearest the door  
☐ I have trouble finding a seat  
☐ Other: \_\_\_\_\_

12. If you use a wheelchair or scooter, is it more than 33 inches wide or more than 52 inches long?      Yes      No      When occupied, does the wheelchair weigh more than 1000 pounds?      Yes      No

13. If you are able to get on and off a fixed route bus, do you know where to get off or can you find out by yourself?

☐ Yes      ☐ No      ☐ Sometimes      ☐ I do not know

If you choose No or Sometimes, *(check all that apply)*

- ☐ I get confused and cannot remember where I am going  
☐ I can if the driver calls out the stops  
☐ I probably could with travel training

14. Check the box(es) that reflect(s) the reason why you can't ride the bus.

- ☐ Busy street to cross      ☐ Inclines      ☐ Time of day  
☐ Lack of curb cuts      ☐ No crosswalk light  
☐ Construction      ☐ Distance  
☐ No sidewalk/Sidewalk condition (Describe): \_\_\_\_\_

15. Is your condition affected by temperature or weather? ☐ Yes ☐ No

If yes, please write the upper and lower temperature where your condition is affected: \_\_\_\_\_

16. Provide names and address of places you currently go or plan to go:

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## **Please Sign and Date Part 4 and Part 5**

### **Part 4 - Applicant Certification**

By signing below you agree the information you provided is correct to the best of your knowledge. *(If you are unable to sign, your power of attorney may sign for you; attach proof of POA).*

I understand the purpose of this application is to determine if there are times when I cannot use the ART fixed route service and must use ADA Paratransit services. I certify, to the best of my knowledge, that the information in this application is true and correct. I understand providing false or misleading information or making false statements on behalf of others constitutes fraud, is considered a felony under the laws of the State of Florida and may result in a reevaluation or revocation of my eligibility.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### **Part 5 - Applicant Medical Information Release**

By signing below I give permission for my Health Care Provider(s) to release information for the purpose of facilitating my eligibility determination or providing me with transportation. *(If you are unable to sign, your power of attorney may sign for you; attach proof of POA).*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date